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Harvard Medical Alumni Bulletin

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Medical School Notes



COLONEL EPPINGER

At a meeting of the Corporation on October 15th Colonel Eugene Eppinger was appointed Assistant Dean in Charge of Courses for Graduates. He takes the place of Frank Roberts Ober, who has carried on this important task with distinction since 1928. Dr. Eppinger was Physician to Students in 1940. He joined the armed services at the time the 5th General Hospital was formed and was sent to Australia with the 105th General Hospital in 1942 as Chief of the Medical Service. He later became Consultant in Communicable Diseases for the Southwest Pacific area. Since his return to this country, about six months ago, Dr. Eppinger has been stationed at the Surgeon General's office in Washington.

Dr. Eppinger will take up the duties of his new position on January 1, 1946 and will take over the direction of all courses for graduates including the vitally important "refresher" courses for returning veterans. The initial plans for these courses have been drawn up by Dr. Chester Jones and his committee. On the assumption of his new duties Dr. Eppinger will implement the work of that committee as well as supervise the other courses of instruction for physicians.

MONEY PROBLEMS

Since this BULLETIN last went to press, events of great importance have transpired. However, they have eventuated sooner and with a more resounding explosion than anyone, save a few scientists, had predicted.

This arrival of a relative state of peace brings with it many new problems or new aspects of old problems, which the Medical School must face and solve.

Possibly the most pressing of these problems relates to the financing of the undergraduate medical students. The Navy has

decreed the end of their period of medical school training under the V-12 program; the naval medical students in the upper three classes will be put on inactive duty November 7, 1945, and students now entering in the first year class will reach inactive status February 9, 1946. These men will then resume their medical studies in civilian clothes. But more important than this, in their minds and in the opinion of the Dean's office, is the fact that they must now carry on their medical studies at their own expense.

The Army has not yet made its policy clear, but there can be little doubt that the same change will soon ensue, although this will have a lesser effect, as the younger medical school classes are predominantly Navy at the present time.

What does the future hold for these men now returned to civilian garb? Much earlier, other medical schools had raised their tuition. Now, much later than many of these schools, this School has raised its tuition to \$580 per annum. This, with the \$20.00 Health Fee, makes the total \$600.00. Rooms in Vanderbilt average \$180.00 rental for the academic year, and board comes to approximately \$300.00. Therefore, in the neighborhood of \$1100.00 is the absolute minimum amount of money required to put a student through one year of Harvard Medical School. When one takes into consideration such expenses as a microscope, books, clothes, and recreation, a reasonable average figure for one year of medical education comes to \$1455.00.

Many students in the Medical School are going to have great difficulty in overcoming this financial obstacle. One may reasonably wonder if the situation now is any different than it was before the war. The situation is different in two respects: one, that many students who have embarked on a medical education under govern-

ment auspices might not have been able to afford it otherwise; and, secondly, there is an increasing awareness in the nation that this type of scientific education, like other types of advanced study, must be made available to the citizens most worthy of such training rather than only to those individuals of a narrow income group who are able to afford it.

SCHOLARSHIPS

The Medical School has available certain funds to help alleviate this situation. There are scholarships, the income from which totals approximately \$25,000 per year, which are available for the undergraduate body at the present time. If this money were used only to support tuition and not for other expenses, it would be possible to finance the education of approximately forty-two students on this basis. This is a little bit less than 10 per cent of the undergraduate body.

This scholarship money is divided into two broad classifications. The national scholarships which, in the case of the Medical School were donated by Mr. Edward S. Harkness and Dr. Daniel F. Jones, were set up at the time of the Harvard Tercentenary with the idea that they would support an education at the Medical School for men from any part of the country, with no limiting qualifications other than ability. This fund was set up at the same time that the University Professorships were established, and the Medical School Funds are only one of many similar funds in all branches of the University. These funds are to be used for men of "superior" ability and are usually allotted in amounts somewhat larger than tuition.

The other scholarships are general scholarships of many different origins which have accumulated slowly over a period of years. These scholarships rarely covered more than tuition and are for needy men in general.

It is perfectly apparent that this amount of money is inadequate at the present time.

JOBS

What other resources are open to the

medical student? One might hope that increasing opportunities for student employment would provide one source of aid. The fault here is that a heavy outside job may constitute a burden on the student's time and health which is wholly disproportionate to the financial gain therefrom. In years past a generous grant of money from the Melvin Fund was used in scholarships to release some students from outside employment. The effect of this release on their academic standing was observed. The great majority of the men raised their academic standing by release from student employment. Only a few of the most capable men were able to maintain high marks when time was taken for outside work.

LOANS

Student Loan Funds constitute another possible source of financial aid to the medical student. At the present time the Medical School has \$177,000 available in Loan Funds which are only being used to the extent of \$32,000. This low circulation is traceable to medical student support from the Armed Services. These loans are available either as short-term loans, to cover some immediate financial exigency, or as long-term loans at 4½ per cent which the student must pay back when he becomes self-supporting. In the past, these loans have taken approximately seven years to revolve, and they have been repaid in the great majority of cases.

Here again, however, there is a strong academic drawback to such a system of support. When a man is put in debt during the second or third year of his medical school career or even earlier, it becomes incumbent upon him to pay back that loan. He cannot help but feel that the sooner it is paid back, the better, as by so-doing he will avoid further interest payments. This results in an attempt to produce financial rewards and to shorten training in a way which may be disadvantageous both to him and to medical science in general. It may mean that a man only takes a one-year rotating internship when his abilities justify a long-term "American Board" type of

hospital education; it may mean that a man of unusual scientific ability is side-tracked into commercial ventures or superficial commercial research rather than spending productive years on fundamental problems in the University's laboratories. For these reasons, then, Loan Funds, although a help, do not solve the problem.

It is interesting that in contrast to the Medical School the Business School which is only a two year school, has much more money available for Loan Funds, totalling \$331,000. There is a strong contrast between the postgraduate activities of the men in the two schools. The Business School students are nearly always earning money and are usually self-supporting within six months of graduation from Business School, under ordinary business conditions. They can pay back the loan with ease and without jeopardizing the training which they seek, in contrast to the young doctor.

MARRIAGE

The marriage of medical students and interns is an important phase of this problem in so far as it is generally agreed that young men in this profession should be permitted to choose a wife and start raising a family at a stage of life which is commensurate with men in other fields. The concept of medicine as a monastic existence somehow separate from the other activities of life, has become hopelessly obsolete. The extreme procrastination of earning power has often led to difficulties on this score. It is the impression of many that more medical students are married at the present time than they were a decade ago. At the present time, 17.1 per cent of the medical students at Harvard are married. It is an interesting and amusing side light on this problem that in some of the medical schools where the Army and Navy did not have regular barracks and the men were given a "grub stake" to secure their room and board wherever they could, the marriage rate went up sharply, in contrast to the schools with regular barracks, such as Harvard.

The statement has often been made that

in this country any individual who wants to receive a medical education can, by hook or crook, obtain that education. In the opinion of Dr. Burwell this statement arises from wishful thinking and is an optimistic attempt to gloss over the true situation. Most of the students at the Harvard Medical School come from a rather narrow income group. Approximately 30 per cent of the students at Harvard are doctors' sons. This age-old trend probably has no sinister economic significance, insofar as it is only natural that doctors' sons would show a strong preferential interest in medicine over and above the population in general. However, it also indicates that this 30 per cent of the students will always tend to come from a fairly narrow economic range, and that a breadth of opportunity should be offered to those of more limited means. The college educational facilities in the country produce a preliminary screening effect in which some individuals of proven academic ability are lost for financial reasons, before they even become candidates for post-graduate education. The state universities tend to counteract this trend, but in the future a means of financing medical education for capable but financially dependent students in the endowed medical schools and universities, must be provided in greater amount than it has in the past.

THE GOVERNMENT

It is conceivable that scholarships may be forthcoming from the government. The government's interest in his problem is best epitomized in the report by Dr. Vannevar Bush entitled "Science, the Endless Frontier." This report covers *in extenso* the problems of postwar scientific research and education. It points out the "screening" effect which we have already mentioned and states that in this country at the present time 95 per cent of children of eligible age are enrolled in school at the level of the fifth grade. However, before the end of high school, 60 per cent of the students are lost to education and before the end of college, out of every 1000 students present in the fifth grade, only 72 are still continuing

their education. There can be no question that this involves academic waste. The report states, "To encourage and enable a large number of young men and women of ability to take up science as a career, and in order gradually to reduce the deficit of trained scientific personnel, it is recommended that provision be made for a reasonable number of (a) undergraduate scholarships and graduate fellowships and (b) fellowships for advanced training and fundamental research. The details should be worked out with reference to the interests of the several States and of the universities and colleges, and care should be taken not to impair the freedom of the institutions and individuals concerned."

The Foundations may come to the help of the medical school in this field. Their role in postgraduate fellowships and research support was discussed in these columns last Spring. However, they have also made money available for undergraduate scholarships from time to time. In 1940, before the ASTP and V-12 programs had become firmly established, the Kellogg Health Foundation supplied \$10,000 for scholarships to the Medical School, which gift was rapidly consumed for that purpose.

In addition to these agencies, the administrative board has directed the formation of a committee to evolve a plan for the granting of fellowships to outstanding men in Service, for investigative work. These fellowships are to be granted on much the same basis as the National Research Council Fellowships and are designed to provide opportunity for highly selected individuals to start their careers in research or academic medicine. These men are recommended by departments and the fellowships are not granted according to a system of application.

THE VETERANS RETURN

Eight veterans have thus far accepted the opportunity offered by these postwar fellowships and will start work as soon as released from the services. They are Don W. Fawcett (A.B. '38, M.D. '42), Albert H. Coons (A.B. Williams College '33, M.D. '37), Calderon Howe (A.B. Yale

University '38, M.D. '42), William R. Christensen (A.B. University of Utah '38, M.D. '42), Vincent P. Dole, Jr. (A.B. Stanford University '34, M.D. '39), Thomas H. Weller (A.B. University of Michigan '36, M.D. '40), Clifford Barger (A.B. '39, M.D. '43), and Herbert R. Morgan (A.B. University of California '36, M.D. '42).

BACTERIOLOGY

A visit to Professor J. Howard Mueller's Department reveals much of interest that is going on and which has gone on in the past few years of the war. In these columns we have recently discussed some of the aspects of the Anatomy, Physiology, and Biochemistry departments. This visit to Bacteriology was in pursuit of more information about the pre-clinical departments which might be of interest to our alumni.

Present trends in bacteriology are changing at such a rapid rate that they profoundly effect the undergraduate curriculum—and this possibly is more true of bacteriology than any other of the pre-clinical fields. A few years ago one could satisfactorily give a bacteriology course in which anti-bacterial substances and filtrable viruses were covered in a lecture or two. Knowledge in these two fields has grown with such rapidity that it has become a dominating problem in the bacteriology course to cover them adequately without slighting the more familiar, but equally important, material concerning the bacteria. For this reason, the course has been considerably revised in the last three years, rearranging the lectures so as to permit coverage of these newer advances.

For many years, under Professor Zinsser, an elective course in immunology was given on Tuesday and Thursday afternoons during the bacteriology course. This course was taken by virtually the entire class and supplemented their knowledge of bacteriology, so much so that it became almost an integral part of the course. After the death of Professor Zinsser, however, a change in this arrangement was made because the faculty concluded that the giving of supplementary courses, dur-

ing the progress of a preclinical course, tended to overweight the amount of time which students spent on that one subject. For this reason the immunology course has been split up in such a way that the same material is partially covered in the second year lectures and the rest during the third year in the course of the preventive medicine course. This arrangement has brought the criticism from the students that there is too much repetition involved. Therefore the course has been somewhat revised this year, and there seems to be general satisfaction with the new course.

The bacteriology curriculum has also been revised in such a way as to allow the student some time at the end of his course to review his new knowledge and gain some broad perspective before the course closes and the examination is given. This review is designed to let the student see the forest again after many weeks of close association with all the trees and allow him to get a better idea of the significance of his laboratory and lecture material.

A cooperative arrangement has been reached between the Bacteriology Department, the Pathology Department, and the clinical departments so that the teaching in regard to a specific organism may be carried out in conjunction with a study of the pathology of that disease and an opportunity to see some clinical examples. Friday afternoon clinics have been given at various hospitals and deal with infectious disease as it is being covered in the course. While the students are studying the pneumococcus they learn of the pathology of pneumonia, they learn something of its immunology, and of the clinical phenomena involved.

PERSONNEL

Prof. Mueller and Dr. Enders have carried on through the war as the mainstays in this department. The lecture material is divided between them with the help of other members of the department, some of whom have come to help especially during the war. Dr. Robert Nye has offered his services to the department to help during the war shortage of teachers. He has given

lectures on the enteric organisms and has helped with the handling of the laboratory sections.

Dr. Pickett, whose Ph.D. in Bacteriology comes from the University of California, has also helped out with teaching during the war. Dr. Dubos of the Rockefeller Foundation, Dr. Hinton, Comdr. Fothergill, Col. Plotz of the Armies' Typhus Commission, Dr. Stokes, and Dr. Cleveland Floyd have all given lectures on subjects in which they were especially interested. Dr. Dubos has discussed the chemotherapeutic agents, Dr. Hinton the diagnostic tests for syphilis. Dr. Plotz has discussed the Rickettsia. Dr. Joseph Stokes has lectured on infectious hepatitis, and Dr. Floyd has given a clinic on tuberculosis.

Throughout the war the department has been supplied with younger men to staff the laboratory sections. During the first year of the war the department was able to enlist the services of some recent medical school graduates who were waiting for hospital appointments to begin. This provided the department with interested and willing workers and gave the recent medical school graduates an excellent review of a most important pre-clinical field. As the "speed-up" schedule progressed and the hospital appointments began before the medical students could even get their goods and chattels moved out of Vanderbilt, this plan has been less feasible, but through good fortune (and we suspect good planning), an adequate number of instructors has been maintained.

RESEARCH

Recent research activities of the department have involved efforts for the Government under O.S.R.D. and Army Epidemiological Board contracts.

The biggest job from this point of view has been an epidemiological survey of troops at Camp Edwards and Fort Devens with reference to respiratory bacteriology and especially the meningococcus. This study which was carried on under the Commission on Epidemiological Survey of the Army Epidemiological Board, in col-

laboration with the Preventive Medicine Division, Headquarters, First Service Command, was continued for four years and had its inception at a time when an epidemic of meningitis was in progress. It was then possible to follow the throat flora of the troops through the post-epidemic period. Dr. Aycock, the acting head of the Preventive Medicine Department has been active in the problem since its start, especially from the point of view of statistical analysis. The throat cultures and carrier rates of various types of meningococci have been studied. The type I meningococcus, which is most significant from the point of view of epidemics, has been found to increase tremendously in the throats of troops during epidemics, with carrier rates going up to 60 or 70 per cent of the troops studied. These high carrier rates have apparently occurred without reference to crowding or other barracks conditions, though in one instance in which a localized Naval epidemic occurred, it is probable that such factors were operative. The carrier rates at Fort Devens and Camp Edwards have generally paralleled the rates in the civilian population as indicated by the throat cultures of fresh inductees arriving at the stations. The seasonal fluctuations show that the highest incidence of positive throat cultures come in the early months of each year, but they also show an overall longer cyclical variation in the epidemic curve, running a three to five year cycle.

Practical information coming from this study included the prophylactic use of sulfonamides, usually sulfadiazine, in the treatment of carriers. It was found that one short period of treatment with sulfadiazine, often totalling only seven to ten grams, was sufficient to drop the carrier rate from 70 per cent to zero, whereas untreated controls fluctuated with the civilian population at large. These treated men were followed for two or three months, and while a few showed a return of the type meningococcus which they previously had, most of those who again carried the meningococcus acquired a new type. The great majority remained free of the organism.

It was also suspected that the use of smaller doses of sulfadiazine, such as two grams, only repressed the organism rather than producing riddance of the meningococcus. This naturally brought up the question of whether or not sulfonamide-fast strains of the meningococci would develop on these relatively small doses of sulfadiazine. To date such a phenomenon has not been demonstrated with the meningococcus, though it has been demonstrated with the streptococcus when large numbers of people were treated with small doses of the sulfonamides.

During the war there were no scarlet fever epidemics at either camp, so the streptococcal studies could not be applied to epidemic periods. The diphtheria carrier rates remained low, and there was no clinical diphtheria. Because of a potential diphtheria problem a new medium for culture of the Klebbs-Löffler bacillus was developed which was more convenient than other media. This medium, involving a small amount of tellurite, inhibits other throat organisms but allows the K-L bacillus to grow out, and thus permits ready identification of the organism. Work was also carried out on a synthetic tetanus medium which would permit the production of a toxoid free of the peptone which had been blamed for some bad clinical reactions. This medium was developed, using only crystalline amino acids, but it has not come into general use because of the finding that certain peptone preparations could be used without producing clinical reactions.

Dr. Enders has also been active in the testing of Professor Cohn's plasma globulin fractions for antibody titers against various organisms. A program of work on the subject of mumps has been carried out with the collaboration of Dr. Lewis Kane, the results of which were discussed in these columns some months ago.

THE FUTURE

The future of this department, as of the field which it represents, will be determined in large part by the development of new knowledge and new techniques. It

is probably that interest in viruses will occupy an important, if not a central, position in the future endeavors of the department. Bacterial nutrition, nutritional requirements of viruses, the study of nutritional deficiencies in bacteria and viruses, and the problem of virus growth inside the cell will all occupy the attention of members of this department in years to come.

To this correspondent, who has discussed future research trends with other pre-clinical departments, it is apparent that scientific endeavor in the biological field is tending to concentrate more and more on the inside of the cell. It appears that the biochemist, the physiologist, the anatomist, and the bacteriologist are all trying to climb inside one little cell and see what goes on. We have seen how Dr. Hastings' department has studied electrolyte patterns within the cell and the problem of osmotic exchange with extracellular fluids. The anatomist has sought to study the cell by special staining techniques and new physi-

cal tools with the idea of assigning to cellular structures an integral function within the life of the cell. The physiologist, in the last analysis, is concerned with cellular respiration and metabolism. And now we find that even the bacteriologist, through the medium of the virus which alone of infectious agents can apparently thrive within the living cell, also passes the cell membrane.

FUTURE RESEARCH

Professor Mueller has just returned from a trip to Europe, a special mission carried out for the Surgeon General's Office. While involved in this mission, Dr. Mueller (in the line of duty) was injured, and now his gait involves temporarily the accompaniment of a cane. Though he may have been jarred by this incident, he was not shaken enough to loosen up with the secrets concerning his trip, its purpose, or its results. Therefore, we will have to let that wait for future investigation to reveal.



Walter Bradford Cannon

1871-1945



Walter Bradford Cannon was one of the most beloved and revered Professors at the Harvard Medical School, and one of the world's greatest scientists. When, some years ago, Dr. Szent-Gyorgy received an invitation to meet him, he replied, "That is not an invitation—it is an order to dine with scientific royalty." For thirty-six years, Dr. Cannon graced the George Higginson Chair of Physiology, and throughout that time the teaching of Physiology kept pace with the rapid development of that science, and original discoveries poured from his laboratories in an ever-increasing stream. For seventy years, this department was under but two chiefs: Dr. Bowditch, who founded the first physiological laboratory in the United States in 1871, served for thirty-five years; Dr. Cannon was an Assistant Professor from 1902 to

1906, when he was named the George Higginson Professor of Physiology. From this post he retired in 1942.

As a medical student, he once dropped into the physiological laboratory at a time when there was no stated exercise, only to be told by the diener that "students were not allowed there." This never occurred under his aegis, for early in his career as a teacher Dr. Cannon attracted medical students into the laboratories to do original work. Thus, he nurtured the research spirit among those who later entered the clinic, and many clinical investigators had their first scientific stimulus from him. But it was in the realm of teaching physiologists that he was outstanding. A period of collaboration with him in his own laboratory was an exciting experience such students never forgot, and his generosity in always giving credit where credit was due helped push his students into the great number of primary posts they now occupy all over the world.

The productivity of his laboratories remained at a high level throughout his life. The search for new scientific facts remained his primary interest, and increasing administrative responsibilities and worldwide recognition and acclaim never diverted him from this great love. The progress of his work was consistent and direct, and only a brilliant interlude of research on traumatic shock during World War I interrupted this steady progress. His first physiological report on the movements of the stomach was made at the meeting of the American Physiological Society in May, 1897. Thus, shortly after the discovery of the X-ray, Dr. Cannon started his epoch-making observations which have had their most obvious practical results in the use of radio-opaque materials in X-ray diagnosis. For long periods he used the X-ray, bending over his primitive

apparatus for eight to twelve hours a day. Though eventually he became a victim of this great exposure, he did not receive serious body burns because of a happy accident. Early in the work, he noticed that his hands were burned but paid little attention to this, for the biological effects of X-ray were not known. However, one day the machine sparked and, fearing a severe accident, he decided to ground the apparatus. This he luckily did by encasing the tube with lead which happened to be around the laboratory, and running a wire to the radiator in the room.

The study of gastro-intestinal movements disclosed the great influence of the emotions. He, therefore, turned to the study of the effects of emotion on bodily processes, and so came upon the role of epinephrine and its emergency secretion. This led to the importance of the sympathetic nervous system, and its influence in the regulation of steady states in the body. And it also led to the work of his later years upon the chemical mediation of nerve impulses.

His love of the laboratory could not be dimmed even by his retirement from active teaching, and in the early months of this year he went to Mexico and rejoined his last and devoted associate, Dr. Rosenblueth, to continue to work upon the problems which engrossed them both.

Up to the period of the First World War, Dr. Cannon's life was dedicated to his own laboratory and family. His horizon broadened while working with British Scientists in the search for the toxic factor in traumatic shock. There followed an intense interest in world science, and particularly in the necessary freedom for scientific thought. Periods of international collaboration developed with increasing frequency. In 1929, he was Exchange Professor at the University of Paris; in 1935 he held a similar post in Peiping; and from there he went through Russia as the guest of the Russian Government. At the Inter-

national Physiological Congress held in Moscow, he gave a very courageous speech for that era on conditions essential to scientific research. He has held other Exchange Professorships in California, New York, and Mexico. In his later years, he became an international figure, interested in freedom of action, and hating all oppression. He not only gave his name to committees but worked hard for many causes.

Many honors have come to him. For his war work he received from the United States the Distinguished Service Medal and was made "Companion of the Bath" by England. Since then, he has received many medals. The first of a long series of honorary degrees came from Yale in 1923. He was chairman and an active member of many committees of the National Research Council and analogous institutions.

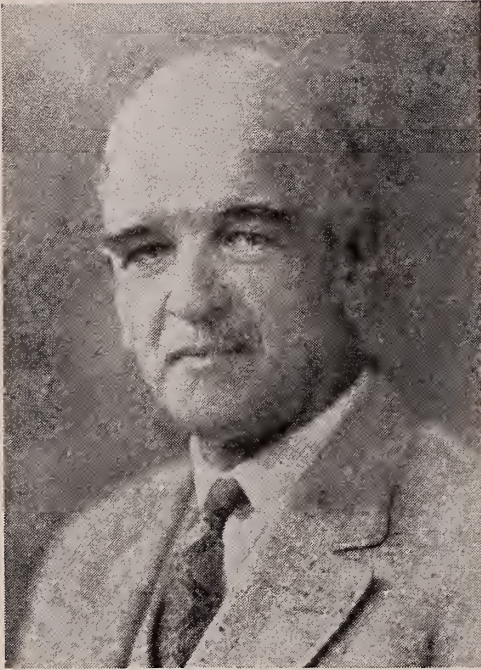
None of these accomplishments and honors changed him fundamentally. He bore his prolonged illness with fortitude and did not let it interfere with his broad interests. His growth in stature paralleled his years. His wise and fair judgment, and rare good humor, were attractive to friends of all ages. He remained the honest, simple, and devoted gentleman who was enthusiastic about the accomplishments of others, and modest about his own. As President Lowell said in the exercises celebrating Dr. Cannon's twenty-five years as Professor of Physiology, "There would seem to be one person here present who doesn't wholly appreciate Dr. Cannon. Dr. Cannon, let me introduce you to the great Professor Cannon. He is a very modest gentleman, but you will find him worth knowing."

Dr. Cannon will be missed by many people in many lands. But the Harvard Medical School has lost one of the greatest figures of the period of its greatest advances. This past generation of outstanding Professors is a challenging heritage for their successors.

JOSEPH C. AUB, '16.

David Linn Edsall

1869 - 1945



David Linn Edsall came to the Harvard Medical School in 1912 as Jackson Professor of Clinical Medicine and Chief of the East Medical Service at the Massachusetts General Hospital. In 1918 he became Dean of the Faculty of Medicine. In 1922 the School of Public Health was organized and in 1923 Dr. Edsall resigned his Professorship and his hospital post to devote his whole time and energy to the administration of the two Schools.

The record of Dr. Edsall's career at Harvard is a fascinating and instructive chapter in the history of Harvard and of medical education and research. In these paragraphs only a few points will be made of the many that might be brought forward.

Dr. Edsall entered upon his administrative task at a time when university activities in relation to medicine and public health were going through a period of accelerated and expansible growth. At such

a time of rapid and critical change it was good fortune for Harvard to have a man who in the light of events appears to have understood the direction of the changes. For example, it was well, at a time when the role of medical schools as research institutes was developing rapidly, to have in his position an individual who had first-hand experience of research and who knew how to help its growth. It was well, during the years of the great full-time controversy, that Dr. Edsall was, to quote Hans Zinsser, "a trained laboratory worker who, entering clinical study, became one of the pioneer American academic clinicians as we now understand the term." It is clear that Dr. Edsall knew what was important to medical schools in the full-time principle and what was not. It was well, in the period when public health activities were expanding, that Dr. Edsall had both interest and experience in this area and could discriminate between what was important to progress and what was merely traditional.

There was, moreover, another attribute and another set of accomplishments which deserve attention. When Dr. Edsall entered the Dean's Office in 1918 he found a School with strong and able men in it. Those holding professorial appointments included J. Lewis Bremer, Richard C. Cabot, Walter B. Cannon, Henry A. Christian, Algernon Coolidge, William T. Councilman, Harvey Cushing, Harold C. Ernst, Otto Folin, William P. Graves, Reid Hunt, Robert W. Lovett, Frank B. Mallory, John L. Morse, Franklin S. Newell, Milton J. Rosenau, George G. Sears, Elmer E. Southard, Richard P. Strong, Edward W. Taylor, Ernest E. Tyzzer, Charles J. White and others.

On April 7, 1919 Dr. Edsall presented to the Faculty a confidential statement of his beliefs with regard to medical educa-

tion and with regard to the future of the Harvard Medical School. This is a prophetic document, all of the greatest interest and value, but there is one section in it that seems to me in its implications to be the center of the statement and of Harvard Medical School policy—"the most important of all policies is the manner in which the personnel is chosen." A motto indicating that its personnel is the most important and determining characteristic for any human organization is a good motto, so long as it is understood that it is the resulting people and not the manner of their choice that is the fundamental matter. Dr. Edsall understood this, his colleagues understood it, and their joint efforts led him to make, between 1918 and 1935, a notable series of professorial appointments which, in large measure, determined the quality of the School for decades. They include:

Nathaniel Allison, Joseph C. Aub, James B. Ayer, Kenneth D. Blackfan, Herrman L. Blumgårt, Hugh Cabot, C. Macfie Campbell, David Cheever, Edward D. Churchill, Stanley Cobb, Edwin J. Cohn, Eugene A. Crockett, Elliott C. Cutler, George S. Derby, Cecil K. Drinker, Ronald M. Ferry, Cyrus H. Fiske, Reginald Fitz, Alexander Forbes, James L. Gamble, A. Baird Hastings, Frederick C. Irving, Francis H. Lahey, George B. Magrath, Frank B. Mallory, James H. Means, George R. Minot, Harris P. Mosher, J. Howard Mueller, Edward H. Nichols, Robert B. Osgood, Frederic Parker, Jr., Francis W. Peabody, Charles A. Porter, Tracy J. Putnam, Alexander Quackenboss, Alfred C. Redfield, Edward P. Richardson, Oscar M. Schloss, Frederick H. Verhoeff,

D. Harold Walker, Joseph T. Wearn, George B. Wislocki, S. Burt Wolbach, Hans Zinsser.

It is thus evident that the period of 1918 to 1935 was one in which the selection of people for character and ability was specifically recognized as the most determining policy of the Medical School. This applied not only to the selection of teachers, but also to the selection of students. Dr. Edsall understood that not all men attain their best stature under the same circumstances and he stimulated the development of the so-called Tutorial System in the Medical School—an important provision of individual opportunity for individual students.

It is often said that the period of the twenties, which is the center of the period under discussion, was one of increasing financial support and resulting expansion. Great funds, such as the DeLamar Fund, were flowing into the coffers of the Medical School and therefore great opportunities existed for growth and for success. It should be remembered that where there are great opportunities for success there are great opportunities also for failure. It is suggested that the most important difference between success and failure in a medical school is in the selection of its personnel. This was clearly seen and acted upon by Dr. Edsall and the record of his years here shows the soundness of this principle. Organization, curriculum, procedure, and faculty must change from year to year in a medical school which hopes to maintain its place in a changing science and a changing world. There is no reason to think, however, that the great principle of the selection of able men will ever be outdated.

C. SIDNEY BURWELL, '19



Military News



The following list brings the Harvard Medical School graduates in the service up to 1788. The * denotes names not previously published. The list is continued here for those particularly interested in war records. Addresses are changing rapidly and many of the following will be out of date at the time of publishing.

* * *

1913

Brig. Gen. Elliott C. Cutler, Army, Peter Bent Brigham Hosp., Boston
Capt. Irving W. Jacobs, Navy, Naval Hosp., Santa Margarita Ranch, Oceanside, Calif.

1916

Col. Thomas R. Goethals, Army, Lovell Gen. Hosp., Denvers, Mass.

1917

Col. Joseph K. Surls, Army, Truro, Cornwall, England

1919

Lt. Comdr. Lyman G. Richards, Navy, Naval Hosp., Pearl Harbor, T. H.
Comdr. Bartlett C. Shackford, Navy, Naval Hosp., Long Beach, Calif.
Lt. Comdr. William M. Shedden, Navy, ABATU, NTC, Lido Beach, N. Y.

1920

Capt. Gilbert E. Gayler, Navy, Naval Hosp., Portsmouth, N. H.

1921

Lt. Col. James H. Townsend, Army, Waltham Reg. Hosp., Waltham, Mass.

1922

Lt. Col. Paul C. Morton, Army, APO 875, N. Y. C.
Comdr. Horace P. Stimson, Navy, Naval Hosp., Treas. Is., Calif.

1923

Lt. Col. Frank E. Fowler, Army, APO 562, N. Y. C.
Capt. Paul E. Spangler, Navy, *USS Repose*, NSD, Brooklyn, N. Y.
Col. Roy G. Spurling, Army, APO 887, N. Y. C.
Col. Derrick T. Vail, Jr., Army, Surg. General's Office, Washington 25, D. C.
Capt. James C. White, Navy, Naval Hosp., St. Albans, N. Y.

1924

Col. Edwin F. Cave, Army, Gen. Hosp., Camp Edwards, Mass.
Major Wilfred S. Clark, Army, APO 514, N.Y.C.

Lt. Col. Philip S. Foisie, Army, APO 138, N. Y. C.

Major Joseph Smith, Army, APO 513, N. Y. C.
Lt. Comdr. Franklin C. Southworth, Jr., Navy, USNTC, Sampson, N. Y.

1925

Comdr. Charles L. Swan, Jr., Navy, *USS Refuge*, FPO, San Francisco
Capt. Francis P. Twinem, Navy, Naval Hosp., St. Albans, N. Y.

1926

Major Wylie L. Collins, Army, APO 726, Seattle, Wash.
Comdr. Abbott M. Dean, Navy, Naval Hosp., Aiea, Hawaii
Major Trygve Gundersen, Army, Valley Forge Gen Hosp., Phoenixville, Pa.

1927

Lt. Col. Richard Chute, Army, Fitzsimons Gen. Hosp., Denver, Colo.
Comdr. James B. Graeser, Navy, Naval Hosp., Treas. Is., Calif.
Capt. Howard K. Gray, Navy, Naval Hosp., San Diego, Calif.
Col. Alexander Marble, Army, Hq. 8th Serv. Command, Dallas, Texas
Lt. Comdr. James M. Stratton, Navy, FPO, San Francisco

1928

Comdr. Ralph E. Fielding, Navy, FPO, San Diego, Calif.
Lt. Comdr. Alexander W. Makepeace, Navy, FPO, San Francisco

1929

Lt. Comdr. Robert H. Goodwin, Navy, Naval Disp., Naval Dept., Washington
Lt. Comdr. Bernard M. Jacobson, Navy, Naval Hosp., Chelsea, Mass.
Major Milton L. Miller, Army, AAF Reg. and Convalescent Hosp., Santa Ana, Calif.
Major Edward Parnall, Army, Moore Gen. Hosp., Swannanoa, N. C.
Major Herbert Sherwin, Army, APO 134, N. Y. C.

1930

Lt. Col. Arthur G. King, Army, McCaw Gen. Hosp., Walla Walla, Wash.

1931

Major Kenneth G. Burton, Army, APO 887, N. Y. C.
Major Francis H. Chafee, Army, APO 508, N. Y. C.
Col. Neil L. Crone, Army, Fort Jackson, S. C.

Capt. David W. Gaiser, Army, APO 14978, San Francisco
 Major Samuel B. Kirkwood, Army, CASA, Monterey, Calif.
 Major Wyatt C. Simpson, Army, Camp McCoy, Wisc.
 Major Charles W. Steele, Army, APO 69, N.Y.C.

1932

Major Joseph E. Hamilton, Army, Crile Gen. Hosp., Cleveland, Ohio
 Major Theodore E. Hardy, Jr., Army, Thomas M. England Gen. Hosp., Atlantic City, N. J.
 Capt. Claude Klapper, Army, APO 365, N. Y. C.
 Major James S. Mansfield, Army, APO 518-B, N. Y. C.
 Capt. Leslie H. Van Raalte, Army, SAAF, Stuttgart, Ark.

1933

Capt. Lowell F. Bushnell, Army, SCU 1953, Camp Callan, La Jolla, Calif.
 Lt. Col. Wilfrid J. Comeau, Jr., Army, APO 316-A, N. Y. C.
 Lt. Comdr. Kendall Emerson, Jr., Navy, FPO, San Francisco
 Major Jared Y. Garber, Army, APO 257, N.Y.C.
 Capt. Carlton R. Souders, Army, Sta. Hosp., Drew Field, Tampa, Fla.
 Lt. Col. Artemas J. Stewart, Army, APO 298, N. Y. C.
 Capt. Robert O. Wilson, Army, APO 956, San Francisco
 Major John W. Zeller, Army, APO 875, N.Y.C.

1934

Major Clifton W. Anderson, Army, APO, San Francisco
 Lt. Norman H. Bruce, Navy, USNTC, Sampson, N. Y.
 Major John R. Graham, Army, Oliver Gen. Hosp., Augusta, Ga.
 Major Frank R. Pierce, Army, APO 1003, San Francisco
 Capt. Robert E. Stone, Army, Sta. Hosp., SHAAF, Salina, Kans.
 Lt. Col. Garrett L. Sullivan, Jr., Army, APO 519, N. Y. C.
 Major Richard H. Thompson, Army, Gen. Hosp., Camp Edwards, Mass.
 Lt. Col. Thomas A. Warthin, Army, APO 710, San Francisco
 Major Jack W. Wolf, Army, APO 758, N. Y. C.

1935

Major Robert Dutton, Army, APO 72, San Francisco
 Lt. Donald T. Hall, Navy, NAS, Seattle, Wash.
 Lt. Daniel H. Hindman, Navy, FPO, San Francisco
 Lt. Leslie G. Kindschi, Navy, FPO, San Francisco
 Lt. Samuel Nesbitt, Navy, Bureau of Medicine and Surgery, Washington, D. C.

Lt. Col. Cornelius Olcott, Jr., Army, APO 519, N. Y. C.
 Lt. Thurlow H. Pelton, Navy, Naval Hosp., Puget Sound, Bremerton, Wash.
 Capt. Gordon A. Saunders, Army, Lovell Gen. Hosp., Devens, Mass.
 Capt. Robert S. Sherman, Army, APO 420, N. Y. C.
 Capt. Robert G. Snow, Army, Pers. Center, Fort Dix, N. J.
 Lt. Col. John C. Snyder, Army, Rockefeller Found., IHD Labs., N. Y. C.
 Capt. Donald E. Stafford, Army, Gen. Hosp., Tuscaloosa, Ala.

1936

Major Noyes L. Avery, Jr., Army, APO 14455, San Francisco
 Major Theodore B. Bayles, Army, Ashford Gen. Hosp., White Sulphur Springs, W. Va.
 Lt. Comdr. Francis S. Cheever, Navy, FPO, San Francisco
 Lt. Col. Dwight E. Harken, Army, APO 887, N. Y. C.
 Major Paul C. Keleher, Army, APO 526, N.Y.C.
 Capt. Robert R. Levin, Army, APO 667, N.Y.C.
 Lt. Comdr. Harald A. Smedal, Jr., Navy, NAS, Pensacola, Fla.
 Major Paul M. Zoll, Army, APO 63, N. Y. C.

1937

Capt. Robert K. Brown, Army, APO, San Francisco
 Lt. Comdr. George E. Gardner, Navy, Naval Hosp., NOB, Norfolk, Va.
 Lt. Comdr. Robert Goldstein, Navy, Naval Training and Dist. Center, Shoemaker, Calif.
 Major David McL. Greeley, Army, APO 757, N. Y. C.
 Capt. Herbert W. Jones, Jr., Army, Oliver Gen. Hosp., Augusta, Ga.
 Capt. John B. McKittrick, Army, Walter Reed Gen. Hosp., Washington, D. C.
 Lt. Col. John B. Pearson, Army, Sta. Hosp., AAF, Enid, Okla.
 Major John A. Sandmeyer, Army, APO 887, N. Y. C.

1938

Major Henry H. Brewster, Army, APO 667, N. Y. C.
 Lt. August Buermann, 3rd, Navy, Naval Hosp., Long Beach, Calif.
 Major Harold C. Epstein, Army, APO 957, San Francisco
 Capt. Edward R. Evans, Army, Camp Edwards, Mass.
 Lt. Col. Lucio E. Gatto, Army, Olmstead Field, Middletown, Pa.
 Major David B. Jennison, Army, APO 958, San Francisco
 Lt. Comdr. Hunt B. Jones, Navy, FPO, San Francisco

Capt. Dauchy Migel, Army, APO 1009, San Francisco
 Lt. Herbert S. Sise, Navy, Naval Hosp., Newport, R. I.

1939

Capt. Lemuel Bowden, Jr., Army, Sta. Hosp., Malden, Mo.
 Capt. Robert McH. Johnson, Army, APO 772, N. Y. C.
 Capt. Homer E. Lawrence, Army, Mason Gen. Hosp., Brentwood, N. Y.
 Lt. Col. Charles G. Mixer, Jr., Army, APO 719, San Francisco
 Capt. Fathollah K. Mostofi, Army, Birmingham Gen. Hosp., Van Nuys, Calif.
 Capt. Herbert F. R. Plass, Army, Sta. Hosp., Santa Ana, Calif.
 Lt. (j.g.) Lewis S. Rathbun, Navy, NAS, Atlanta, Ga.
 Capt. John I. Reppun, Army, Hq. 3rd Serv. Command, Baltimore, Md.
 Lt. Willard G. Snow, Navy, Disp., NAAF, North Bend, Oregon
 *Lt. (j.g.) Alvin R. Sweeney, Jr., Navy, FPO, San Francisco

1940

Lt. Comdr. Julius W. Bell, Navy, FPO, San Francisco
 Lt. Comdr. Stanley J. Boguniecki, Navy, NAS, Quantun, Mass.
 Lt. Charles P. Haseltine, Navy, FPO, San Francisco
 Capt. Edward C. Malewitz, Army, P. W. Camp Sub. Depot, Billings, Mont.
 Lt. John McL. Morris, Navy, FPO, San Francisco
 Capt. Philip L. Pillsbury, Army, Dugway Proving Ground, Tooele, Utah
 Capt. Donald N. Sweeney, Jr., Army, APO 204, N. Y. C.

1941

Lt. Byron D. Casteel, Navy, Naval Hospital 128, Honolulu
 Capt. John Homans, Jr., Army, APO, San Francisco
 Major Norman J. Kelman, Army, Camp Shelby, Miss.
 Lt. Joseph Rogers, Navy, Naval Hosp., Newport, R. I.
 Lt. Charles W. Sprunt, Navy, NAS, Atlanta, Ga.
 Major Donald J. Winslow, Army, APO 75, San Francisco

1942

Lt. William B. Ayers, Navy, Navy Yard, Portsmouth, N. H.
 Capt. James P. Cattell, Army, Gen. Hosp., Camp Edwards, Mass.

Lt. Burdick G. Clarke, Navy, Naval Mine Warfare Test Sta., Solomons, Md.
 Lt. Robert W. Gage, Navy, FPO, San Francisco
 Capt. Edward C. Lambert, Army, APO 360, N. Y. C.
 Capt. James G. Miller, Army, Box 2605, Washington, D. C.
 Capt. Charles J. Mock, Army, APO 254, N.Y.C.
 Capt. Raymond O. Olson, Army, APO 957, San Francisco
 Capt. Melvin P. Osborne, Army, APO 339, N. Y. C.
 Lt. John H. Peters, Navy, FPO, N. Y. C.
 Capt. Richard V. Riddell, Army, APO 3, N.Y.C.
 Capt. Chester A. Weed, Army, Sta. Hosp., Camp Anza, Calif.

1943 (March)

Lt. Robinson L. Bidwell, Army, APO 956, San Francisco
 Lt. Harold Brown, Army, Valley Forge Gen. Hosp., Phoenixville, Pa.
 Lt. (j.g.) John R. Bryan, Navy, FPO, San Francisco
 Lt. George H. Carter, Army, Gen. Hosp., Fort Lewis, Wash.
 Lt. (j.g.) John W. Cederquist, Navy, FPO, San Francisco
 Capt. John W. Clark, Army, APO 758, N. Y. C.
 Capt. Ernest Craige, Army, APO 339, N. Y. C.
 Lt. (j.g.) Ben Eiseman, Navy, FPO, San Francisco
 Capt. Allan L. Friedlich, Jr., Army, APO 218, N. Y. C.
 Capt. Robert D. Griesemer, Army, APO 94, N. Y. C.
 Capt. Bruce A. Harris, Jr., Army, APO 314, N. Y. C.
 Lt. (j.g.) Leon E. Harris, Navy, FPO, N. Y. C.
 Lt. Oscar W. Hills, Army, APO 75, San Francisco
 Lt. (j.g.) George T. Hoffmann, Navy, FPO, San Francisco
 Lt. Joseph P. Holihan, Army, APO 513, N.Y.C.
 Lt. James H. Jackson, Army, APO 247, San Francisco
 Capt. Logan O. Jones, Army, APO 403, N. Y. C.
 Lt. (j.g.) Orrin C. Keller, Navy, FPO, San Francisco
 Capt. Richard H. Lillie, Army, APO 562, N. Y. C.
 Capt. Robert J. McKay, Jr., Army, APO 451, N. Y. C.
 Capt. Duane H. Mitchel, Army, APO 502, San Francisco
 *Lt. Henry D. Moorman, Jr., Navy, Naval Hosp., Fort Eustis, Va.
 Lt. Howard A. Naquin, Navy, FPO, San Francisco
 Capt. Robert A. Peelor, Army, APO 562, N.Y.C.
 Capt. Calvin H. Plimpton, Army, APO 339, N. Y. C.
 Capt. James R. Powell, Army, APO 513, N.Y.C.

- Lt. Edward P. Richardson, Jr., Army, APO 957, San Francisco
 Capt. Lee S. Rosenberg, Army, APO 557, N.Y.C.
 Capt. Robert P. Smith, Army, APO 260, N.Y.C.
 Capt. Robert M. Soule, Army, APO 314, N.Y.C.
 Lt. David S. Speer, Army, APO 464, N. Y. C.
 Capt. George W. B. Starkey, Army, APO 76, N. Y. C.
 Lt. (j.g.) George H. Tarr, Jr., Navy, FPO, San Francisco
 *Lt. Jesse E. Thompson, Army
 Capt. John C. Trakas, Army, APO 254, N. Y. C.
 *Lt. Frank C. Wheelock, Jr., Army

1943 (December)

- *Lt. Richard S. Bagnall, Army, Civil Affairs Training School, Yale Univ., New Haven, Conn.
 Capt. Christopher T. Bever, Army, Convalescent Hosp., Camp Pickett, Va.
 Lt. McLemore Bouchelle, Army, APO 98, San Francisco
 Lt. (j.g.) Robert H. Brown, Navy, Naval Hosp., Annapolis, Md.
 *Lt. James D. Clement, Jr., Army
 Capt. Guillermo Garrido-Lecca, Peruvian Air Corps, Pensacola Med. Dept., Fla.
 Capt. David R. Ginder, Army, APO 248, San Francisco
 Lt. John P. Hubbell, Jr., Navy, Naval Dispensary, Miami, Fla.
 *Lt. (j.g.) Lewis W. Law, Navy, Naval Hosp., Great Lakes, Ill.
 *Lt. John R. Rydell, Army, Wakeman Gen. Hosp., Camp Atterbury, Ind.
 *Lt. Charles T. Ryder, Jr., Army
 *Lt. I. Herbert Scheinberg, Army
 *Lt. Robert A. Weber, Army, Gen. Hosp., Camp Pickett, Va.

1944

- *Lt. (j.g.) Harry A. Bliss, Navy, Naval Hosp., Long Beach, Calif.
 *Lt. (j.g.) Cyril J. Jones, Navy, FPO, San Francisco
 *Lt. John T. Wiegenstein, Army, Valley Forge Gen. Hosp., Phoenixville, Pa.

U. S. Public Health Service

- Sr. Asst. Surg. Harold S. Barrett, '41, Dept. of Health, Div. of Tbc. Control, Atlanta, Ga.
 Asst. Surg. Harvey S. Collins, '43—Dec., Harvard School of Public Health, Boston
 Surg. Burnet M. Davis, '37, U. S. P. H. S., 17 North Ave., N. E., Atlanta, Ga.
 Asst. Surg. Robert S. Grier, '41, U. S. C. G. Academy, New London, Conn.
 Asst. Surg. Falls B. Hershey, '43—Mar., FPO, San Francisco
 Sr. Surg. Lawrence H. Sophian, '25, Marine Hosp., Staten Island, N. Y.

Decorations and Citations

Lt. Col. Henry K. Beecher, '32, recently was awarded the Legion of Merit for outstanding services with the Medical Section, Mediterranean Theater of Operations. The official citation for the award reads in part:

"Col. Beecher, by personally treating soldiers seriously wounded in combat evolved principles and procedures of resuscitation and anaesthesia that were accepted and put into practice throughout this and other theaters of war. First hand experience gained during the cold winter months before Cassino and in the dugout shock tents of the hospitals at Anzio was translated by him into basic concepts to govern these phases of the management of the wounded soldier from the time the missile strikes until the damage it caused has been repaired. Original observations were made on the pain suffered by men wounded in battle that had never been recorded in the history of warfare, and combined with his observations on the hazards of the traditional use of morphine, those studies pointed the way toward the giving of this time-honored remedy of the battlefield in a manner that was both safe and humane."

* * *

The Legion of Merit was awarded Capt. Lemuel Bowden, '39, at a formal military review at the Lake Charles Army Air Field where he is stationed as Medical Officer. Capt. Bowden served as platoon surgeon of the 685th Signal Aircraft Warning Station at Fogo Island, Newfoundland, from May 1943 to December 1944. He was cited for performing surgical operations under extremely adverse conditions with little equipment and at places far removed from his base.

Major Edward C. Dyer has been awarded the Silver Star for gallantry in action in the campaigns in the Apennine Mountains and Po Valley. Dyer was cited for braving heavy enemy fire and artillery

shelling to set up aid stations and to evacuate wounded from immediately behind the fighting lines. His action saved many lives.

Capt. Howard K. Gray, '27, recently received the Navy commendation ribbon for his able leadership in coordinating the surgical service of the Navy hospital at Aiea Heights, Hawaii during the period between August 1944 and May 1945. He was praised for his superior surgical skill which saved the lives of many battle casualties arriving at the hospital from forward areas of the Pacific.

* * *

Capt. Glen H. Gummess, '38, was awarded the Bronze Star Medal, with the following citation:

"Glen H. Gummess, Captain, Medical Corps, United States Army. For meritorious services in support of combat operations from July 10, 1943 to May 2, 1945, in Sicily and Italy. As a surgeon in an auxiliary surgical group, Capt. Gummess demonstrated great skill, zeal and determination in extending every facility at his command in the treatment of desperately wounded battle casualties in forward hospital installations. Landing with the invading forces in both Sicily and Italy, he performed surgical operations with splendid efficiency despite severe shelling and bombing of the hospital areas which inflicted many casualties among his associates. Capt. Gummess' professional attainments, his sincerity of purpose and devotion to duty exemplify the finest traditions of the Medical Corps of the United States Army."

* * *

Lt. Irad B. Hardy, Jr., '38, was awarded the Bronze Star Medal for meritorious achievement as medical officer of a Marine Artillery Battalion during operations against the enemy on Saipan and Tinian, Marianas Islands. The official citation reads in part:

"By cool and capable direction, Lieutenant Hardy attended to the wounded in the face of heavy enemy fire and under difficult conditions. He continually adminis-

tered aid to all nearby casualties as well as those of his own unit, and his prompt actions were undoubtedly responsible for the saving of many lives."

* * *

Lt. Col. Dwight E. Harken, '36, recently received the Legion of Merit "for exceptionally meritorious conduct in the performance of outstanding services as Chief of the Thoracic Surgery Section, 160th General Hospital." The official citation reads in part:

"Due to his organizing ability and technical skill, many principles of operation for thoracic surgery centers were established and used throughout the Theatre. He performed extraordinary surgical procedures in removing metallic bodies from the heart and its large vessels in a series of battle casualties. Major Harken was the foremost exponent within the United States Army of remedial chest exercises which made possible the return to duty of a high percentage of chest injuries and prevented others from becoming pulmonary cripples."

* * *

The Navy and Marine Corps Medal has been awarded to Lt. Joseph D. Knobloch, '43-March. Lt. Knobloch landed with the Navy beach party on Iwo Jima twenty-four hours after the first American troops had invaded and supervised the medical evacuation center on that beachhead. The citation states:

"For heroism while directing the medical care and evacuation of casualties from the beach at Iwo Jima from Feb. 20 to Feb. 24, 1945. Through his outstanding leadership and untiring efforts, in the face of enemy fire and under extremely adverse conditions, he directed the efforts of the corpsmen and supervised the care and evacuation of numerous casualties. Through his professional skill, he contributed in a large measure to the successful work of his medical section. His heroic conduct performed in the face of great danger to himself, was outstanding."

The Legion of Merit has been awarded Major George A. Marks, '28, for exceptionally meritorious conduct in the performance of outstanding services in the Southwest Pacific Area. An unofficial copy of the citation reads in part:

"Major Marks organized, trained, and commanded a portable surgical hospital which was attached to an infantry regiment during the Papuan Campaign. Under his exceptional leadership, the unit moved in close proximity to front line troops and achieved a remarkable record in the care of the sick and wounded."

* * *

Lt. Col. Langdon Parsons has received the Legion of Merit for his work in relieving facial suffering and disfigurement due to battle wounds. Parsons' clinic performed most of this specialized type of operation for the entire Mediterranean Theatre.

* * *

Capt. Frederick C. Robbins, '40, was recently awarded the Bronze Star Medal for meritorious achievement in connection with military operations. He received the following citation with the award:

"His efforts in virus studies contributed to a high degree in establishing and maintaining the high level of Medical Service in the MTO, thereby directly supporting the war effort and Allied military operations."

* * *

Lt. Col. Fiorindo A. Simeone, '34, recently was awarded the Legion of Merit for outstanding services as consultant in General Surgery, Medical Section, Mediterranean Theater of Operations, U. S. Army. The official citation reads in part:

"Col. Simeone personally operated upon, supervised and observed the management of seriously wounded soldiers in the forward mobile hospitals and in fixed hospitals, always combining the accurate critical appraisal of scientific research with the humane technical skill of the experienced surgeon. He initiated and conducted clinical research in the field on a suc-

cession of important and unsolved problems that surround the surgical treatment of the wounded, pointing the way in each instance to the elimination of life endangering complications. His ingenuity and precision in making and recording observations on gas gangrene and destructive wounds of major blood vessels, contributed to the introduction of methods of treatment that saved lives and preserved limbs. Observations on the occurrence, nature and causes of trench foot were of aid in the introduction of successful control measures. Actively participating in the work of a board to study the treatment of the seriously wounded, he brought to light new facts regarding the bodily disturbances that attend certain fatal complications of wounds."

* * *

Lt. Col. Milton S. Thompson, '31, has been awarded the Bronze Star Medal for meritorious service in connection with military operations as Staff Officer, G-3 Section, Headquarters European Theatre of Operations. The citation reads in part:

"Lt. Col. Thompson has performed outstanding service in planning for the establishment of the rehabilitation training program for this Theatre. His services included the management of administrative details as well as a thorough study and understanding of both the medical and military problems involved. Lt. Col. Thompson has contributed in great measure to the improvement of morale and efficiency of the personnel scheduled for return to combat."

* * *

Lt. Col. Tracy B. Mallory, '21, received the following citation when he was awarded the Legion of Merit as chief of the pathology section of the 15th Medical Laboratory of the Army service Forces in the Mediterranean Theatre:

"He made outstanding contributions in the development of the laboratory and in the supervision, organization and conduct of the pathology service to all hospitals in the theatre; by his superior professional

skill and outstanding devotion to duty, he contributed immeasurably to the success of the unit and the furtherance of medical sciences."

* * *

Major William R. Pitts, '33, has been awarded the Bronze Star for "meritorious services in support of combat operations from November, 1942, to March, 1945, in North Africa and Italy." The citation reads in part:

"Serving as Assistant Chief of the Surgical Service and as neurological surgeon for an evacuation hospital, Major Pitts, in addition to performing a large number of general surgical operations, has operated on more than 118 patients with brain injuries. The extremely low mortality rate incident to these operations was achieved as a result of his professional skill, attention to detail and close supervision of all cases."

* * *

Lt. Comdr. Raymond E. Johnson, '32, has received the following commendation for exceptionally meritorious conduct in the performance of outstanding service from 16 August 1944 to 26 December 1944 as Malaria Control Officer, Sub-Base Island Command, APO 292:

"As a direct result of Lt. Comdr. Johnson's efforts a record of 6 cases (1,000) annum was attained in October, 1944, and for the first time on record the November, 1944 Islands malaria transmission rate reached ZERO."

* * *

Comdr. Henry W. Hudson, '25, has been commended for his performance of duty while serving at a large Naval Base Hospital in southern England prior to, during, and after the invasion of the coast of France in June 1944. Comdr. Hudson and his staff "were able to render to thousands of injured men of all Allied Services the highest type of surgical care. The excellent judgment and skill exhibited . . . industry and devotion to duty contributed very materially to the success of the institution and are reflected in the low mortality rate which obtained."

Capt. Wesley L. Furste, '41, has been commended for his superior performance of duty as Instructor and Liaison Officer to the 33rd Ho Fang I Yuan (Base Hospital), Chinese Army, Services of Supply. His commanding officer, Colonel F. A. Byers, wrote as follows: "You displayed such interest and extraordinary enthusiasm as to induce in the Chinese hospital of the command the best organized and functioning medical and surgical unit I have seen among our Chinese organizations."

* * *

Col. Thomas H. Lanman, '13, received the following commendation from Colonel Asa M. Lehman, Commanding Officer for the 12th Hospital Center: "The record of but 71 deaths among 79,046 battle casualties treated in the hospitals of this Center is a magnificent tribute to your capabilities."

* * *

Capt. John P. Sheldon, '33, received the following citation when he was awarded the Bronze Star Medal:

"While awaiting debarkation on D-Day, Capt. Sheldon, displaying great personal bravery and outstanding skill, rendered urgent medical attention to a wounded soldier aboard a landing craft, which was subjected to intense hostile fire. During operation on the continent, he performed his medical duties in a highly efficient manner despite frequent enemy aerial bombardments and artillery fire."

* * *

Lt. Col. Eugene R. Sullivan, '34, has been decorated with the Legion of Merit "for exceptionally meritorious services from 10 June 1943 to 31 August 1944." The official citation reads in part:

"At the close of the Tunisian Campaign, Lt. Col. Sullivan surveyed the need for transfusions of fresh whole blood in the surgical treatment of the severely wounded and formulated plans for the organization, equipment, laboratory techniques and overall operations of the blood bank system. His unprecedented formula

was realized by the establishment in the North African Theatre of Operations of blood transfusion units for the collecting and processing of blood and its distribution to blood banks in forward hospitals. He applied his advanced skill to the technical training of these units and his contribution helped to make possible the collection, from within the theatre, and distribution to the 5th and 7th Armies of more than 35 tons of blood without known error, mishap or spoilage. This liberal supply of fresh whole blood was a foundation stone to successful surgery of the wounded, and through its use an untold number of lives were saved and grievous deformity and disability were prevented."

* * *

Capt. Andrew Kerr, Jr., '41, was recently awarded the Silver Star for distinguishing himself by gallantry in action against the enemy on April 17, 1945 in the vicinity of Aschersleben, Germany. When a motorized patrol encountered severe small arms fire and suffered numerous casualties, Capt. Kerr answered the call for litter bearers by leading a group of aid men forward. "Disregarding personal safety, he moved about the fire swept area, administering aid to the wounded, moving them to sheltered positions and supervising their evacuation. His courageous actions in defiance of danger, his aggressiveness and his devotion to duty were instrumental in saving many lives and reflect the high traditions of the armed forces."

* * *

Francis G. Blake, '13, has been awarded the United States of America Typhus Commission Medal. The citation accompanying the award reads in part:

"Dr. Blake initiated and directed investigations of classic importance on the clinical features and prevention of scrub typhus. He made new contributions to the knowledge and control of a form of typhus fever of great military and civilian importance."

Capt. John C. Richter, Jr., '41, has been awarded the Silver Star medal according to the accompanying citation which follows:

"Captain John C. Richter, Jr., 0349626, medical department 737th Tank Battalion, United States Army, for gallantry in action from 13 July to 31 December 1944 in France, Germany, Luxembourg. During the above mentioned period Captain Richter not only performed the ordinary duties of battalion surgeon, but also promulgated, supervised and executed a plan whereby medical assistance was immediately available to all tank crews of the battalion and has constantly and conspicuously been with the forward elements in his professional capacity.

"In the bocage country, after worming his way through a hedgerow and crawling over a hundred yards across an open field swept by intense cross machine gun and mortar fire, he performed a life saving tracheotomy. On another occasion he went approximately three hundred yards beyond the furthest friendly troops to evacuate an injured soldier. At Mortain he was with the tanks when they were cut off by strong pockets of enemy resistance. In the race across France he followed directly in the wake of the advancing tanks rendering expert medical care to the wounded, directing and encouraging the activities of his own aid men, and was continuously exposed to enemy sniper, machine gun and mortar fire. He crossed the Moselle, Muerthe, Saar and Blies rivers with the assault wave of tanks. At Fossieux Ridge in the midst of an all-enveloping fog which impeded the evacuation of casualties, Captain Richter went forward and rendered necessary aid to numerous wounded soldiers. On innumerable occasions he visited advance tank positions when enemy fire was so intense that the tank crews could not leave the comparative safety of their vehicles. The instances cited are not isolated cases where Captain Richter placed the welfare of the wounded above the risk of his own life, but are merely a few of the many deeds

which exemplify his courage, skill, fortitude and zealous devotion to duty which are in accordance with the highest traditions of the medical department of the Army of the United States. Entered military service from Indiana."

* * *

The following citation was received by Major Richard J. Clark, '31, when he was awarded the Bronze Star Medal:

"Richard J. Clark, 0400855, Major, Medical Corps, United States Army. For meritorious services in support of combat operations from 6 October 1943 to 6 March 1945, in Italy. As Chief of Medicine in a convalescent hospital, Major Clark was chiefly instrumental in organizing the professional services of his organization. During the trying days when the hospital operated at Naples, Italy, he untiringly devoted himself to aiding in the efficient administration of the unit as well as supervising the treatment of convalescent patients. Major Clark was largely instrumental in the successful study of two thousand patients of infectious hepatitis encountered during the fall of 1943 and the winter of 1944. His exemplary leadership, professional skill and devotion to duty reflect credit to himself and to the Medical Corps of the United States Army. Entered military service from Winchester, Massachusetts."

* * *

The Bronze Star has been awarded "For meritorious service in connection with military operations" to Col. Herbert B. Wright, '23, formerly of Cleveland, and now Chief of Professional Services in the Medical Department of the U. S. Strategic Air Forces in Europe, entering the service in June, 1942.

* * *

Lt. Col. Howard A. Patterson, '25, has been awarded the Bronze Star "for coolness under fire and excellent performance of his duties on the Salerno beachhead." His unit was bombed from the air at Salerno and some members were killed. The citation accompanying the award told

of his going ahead with a surgical operation while the bombing was in progress. Patterson entered the service July 1, 1942.

* * *

The Bronze Star was recently awarded to Capt. Robert S. Sherman, '35, "For meritorious service from June 10 to November 1, 1944, as chief of the x-ray department of his evacuation hospital operating in France." Sherman entered the service July 15, 1942.

* * *

Comdr. Theodore C. Pratt, '26, on leave of absence from the surgical staff of the M.G.H. and of the Palmer Memorial Hospital, has been awarded the Navy Cross "for extraordinary heroism and distinguished service in line with his profession as chief surgeon of a division field hospital on Guadalcanal." The citation states that Pratt courageously operated on and supervised treatment of casualties while the hospital was being bombed by enemy planes and shelled by surface craft during August and September, 1942.

* * *

Recently Lt. Oglesby Paul, '42, was the recipient of a citation for meritorious conduct. The citation came from Vice Admiral T. C. Kincaid, Commander of the Seventh Fleet, and was in recognition of the treatment of wounded survivors by Lt. Paul, following anti-aircraft action in December, 1943.

"Lieutenant Paul labored tirelessly in crowded conditions and with limited facilities to render treatment and care to the wounded during a period of 48 hours until a hospital ship could be reached. By this constant devotion to duty he undoubtedly saved many lives. For this meritorious conduct Lieutenant Paul is hereby commended and authorized to wear the commendation ribbon."

* * *

Major Lamar Soutter, '35, has been awarded the Silver Star for gallantry in action at Bastogne. A brief account of Major Soutter's heroic participation in the relief of the trapped 101st Airborne Di-

vision was given in the February issue of *The MGH News*. He is now back with his old Auxiliary Surgical Group in Luxembourg and reports that his hospital has very little heat and no running water.

* * *

Major Reeve H. Betts, '33, has received the Legion of Merit medal for outstanding services with the Fifth Army in Italy from Brig. Joseph I. Martin, Fifth Army Surgeon.

* * *

Lt. Comdr. Herbert B. Nelson, '27, with the Fourth Marine Division, has been awarded the Bronze Star for aiding wounded in the invasion of Saipan.

* * *

Capt. Frederick H. Brandenburg, '43 (March), received the Silver Star for "a battlefield affair with a minimum of ceremony for extreme resourcefulness and bravery in reaching six wounded soldiers in Immeldange who were hemmed in by enemy fire. They were only a mile from him, but it was impossible to get to them through the heavy barrage. Finally Brandenburg found a shallow ditch along one side of the road into which he dived and started crawling, and he crawled all the way to Immeldange."

* * *

Capt. Simpson S. Burke, Jr., '41, has been decorated with the Bronze Star at a presentation which took place in the Philippines recently. Brig. General William C. Chase, his Commanding Officer, wrote Mrs. Burke saying that "Members of his organization were present in formation to do him honor. I assure you that I am very proud to have your husband in this famous division (38th Infantry Division). He has done a very brave and heroic act and you may well be proud of him." Capt. Burke was cited for moving a Portable Surgical Hospital with the Infantry in a three day enveloping movement during the campaign to liberate Bataan. All the equipment was hand-carried over rough terrain, believed never before to have been crossed by white men. Capt. Burke's outstanding leadership was responsible for

keeping the hospital up with the Infantry. The trek was made by the 149th Infantry across jungle covered mountains with Negritoes as guides. Successful completion of the march permitted the 149th to attack the enemy from the rear during the Battle of Zigzag Pass on Bataan.

* * *

According to the *Boston Herald* and *The MGH News*, Lt. Comdr. Richard E. Alt, '31, Navy Surgeon who designed and built an operating room from a salvaged trailer, and who has directed a huge underground hospital at Torokina, Bougainville, regained consciousness today at Beverly Hospital after an emergency appendectomy to learn that his feats had won him the Bronze Star Medal. Alt, home on leave after 20 months in the Pacific, . . . served as senior medical officer at Torokina from November 1, 1943, to March 8, 1944, going ashore on D-day to organize the handling of casualties and to supervise the building of his underground institution. His citation said also that he kept "valuable" records on performances of penicillin in battle areas.

* * *

The following excerpt from General Order 3361, 15th Air Force, 14 September 1944, is authority for awarding Air Medal to Col. W. Randolph Lovelace, '34:

"SECTION 1—AWARDS OF AIR MEDAL AND/OR OAK LEAF CLUSTER FOR THE AIR MEDAL.

Under the provisions of AR 600-45, as amended, and pursuant to authority contained in Circular No. 89, NATOUSA, 10 July 1944, the Air Medal, in the categories as listed, is awarded the following named personnel, Air Corps, Army of the United States, residence as indicated, for meritorious achievement in aerial flight while participating in sustained operational activities against the enemy between the dates as indicated:

AIR MEDAL

William R. Lovelace, 0-337848, Lieutenant Colonel, Rochester, Minnesota. 29 August to 2 September 1944. By command of Major General Twining."

The award of the Legion of Merit to Col. Cornelius P. Rhoads, '24, Director of the Memorial Hospital for the treatment of cancer and allied diseases and Chief of the Medical Division of the Chemical Warfare Service for nearly two years, was announced recently by the War Department. He was cited as follows for development of methods for combating poison gas and other advances in chemical warfare:

"He developed new methods of diagnosis and treatment for the relief of injuries due to toxic chemicals and perfected a compound to counteract the effects of blister gas. At Bushnell, Fla., and San Jose Island, Canal Zone, he established medical testing stations. He also developed equipment for detecting the presence of war gases in air, food and water."

Col. Rhoads, as head of the Chemical Warfare Service's Medical Division, established the Toxicological Research Laboratory at Edgewood Arsenal, Md., and the Medical Research Laboratory at the Dugway Proving Ground, Tooele, Utah.

* * *

Capt. David Dove, '42, was awarded the Bronze Star Medal for meritorious service in connection with military operations against an enemy of the United States in France, Luxembourg, Belgium and Germany, from 10 December 1944 to 29 March 1945. "During this period Captain Dove performed his duties in a superior manner, both as a surgeon and in the tactical employment of his medical section." Dove was awarded the Silver Star Medal for gallantry in action against an armed enemy near Ormont, Germany, from 27 February to 2 March 1945. "He worked long hours without relief in directing the evacuation of many casualties. His leadership, coolness under fire and untiring devotion to duty were an inspiration to his men and reflect highest credit upon his character and training as an officer."

* * *

Col. Ashley W. Oughterson, '24, has been awarded the Legion of Merit. His citation reads in part:

"For exceptionally meritorious conduct in the performance of outstanding service as Chief of the Surgical Service of a General Hospital and as Surgical Consultant for the United States Armed Forces in the South Pacific Area, from 1 December 1942 to 13 June 1944. The skillful manner in which he directed and coordinated the treatment of casualties was a vital contribution to the success of the armed forces in this area."

* * *

Lt. Col. Henry N. Pratt, '30, has been awarded the Bronze Star Medal "for meritorious service in connection with military operations, as Commanding Officer, 16th Station Hospital, from 15 June 1943 to 23 September 1944. The citation accompanying his award reads in part:

"Lt. Col. Pratt was assigned a hospital extensively damaged by bomb blast. He displayed outstanding initiative and perseverance in supervising its reconstruction in accordance with the highest American standards and within a remarkably short period of time his unit was functioning smoothly and efficiently. His untiring energy, resourcefulness, and exceptional devotion to duty together with his medical knowledge, expert skill and administrative ability reflect great credit upon himself and the Armed Forces of the United States."

* * *

Capt. Arnold F. E. Settlage, '33, has been awarded the Bronze Star Medal "for efficient unassisted operation of an aid station of the Ninth Army in Germany while it was under intense enemy artillery fire." His citation reads in part:

"By his superior organizing ability and leadership, he contributed materially to the well being of the men in need of medical care. His high professional skill and devotion to duty reflect great credit on the military service of the United States."

(We have records of 62 Decorations and Citations. The list will be continued in the next issue.)



News from the Front



The following letter from Capt. Chester W. Morse, '42, reports a year "filled with considerable excitement." Morse was first reported missing in action and later a prisoner of war in Germany.

"I went overseas as battalion surgeon and after staging in England we landed in France as part of the invasion forces. It was pretty hot for quite a while—my battalion, in the battle for St. Lo lost a great many of its men. That fight was the one that broke the resistance. After St. Lo, apart from occasional night bombing and strafing raids by the Luftwaffe, things were fairly quiet. That is, until the 8th of August, when a surprise run on our exposed flank by German Tiger tanks began my story as a prisoner of war.

"We were treating two severely wounded men and assumed that the activity about us was due to a nest of resistance which the battalion had by-passed. It was disconcerting to be ordered out to collect American wounded while the American artillery and small arms fire were covering the area. Immediately after capture we were netted in the Falaise-Argentan pocket which the Allies made. For one week we marched about that circle looking for an outlet. During this time we were under constant artillery fire and air attack. We marched 25-30 miles a day and food was only what we could pillage from the land. One day we were pinned down for six hours by steady strafing and bombing. The Allied planes got 80% of the vehicles on the road that day.

"From this point we were given to an infantry outfit, then to a paratroop group and then to an S.S. field hospital. I remained with the latter for over a month to care for American wounded as we retreated across France and the Low Countries to Germany. In Germany, I was placed in a mixed prison camp—first near

Darren, later near Bonn and still later by Koln. The first I left after a month when American artillery got too close. In Bonn I stayed about four months. Here, I ran a hospital of about 150 men—American wounded who had received definitive treatment in German field hospitals. I treated some rather severe flesh burns occurring in flyers.

"On December 28th my two hospital buildings were hit with incendiaries and burned to the ground. The angry Germans made us stay in lean-tos in the snow for a week before they gave us portable buildings. Then on February 6, 1945, our hospital was again bombed. This time the whole camp was razed; what could not be burned was leveled with a huge block buster. We had about 8 deaths from the concussion. In a camp formerly housing 300 men, not a single building remained. We were evacuated from this camp in February to a camp near Cologne where we waited until liberation. We had about 385 wounded Americans, about 1300 patients of all nationalities. Lice, rats, typhus, open tuberculosis, diphtheria were all rife in the camp. Food and medical supplies were, furthermore, totally inadequate.

"After 8 months of this existence, American tanks freed us and we were flown to Rheims, put on a malnutrition regime and then returned home. Here, I was overjoyed to find that our baby had arrived and had grown into a six months old girl. I am dividing my leave between Massachusetts and Georgia, and the time is flying."

(Editorial Note: According to our records Capt. Morse was the only H.M.S. graduate who was a prisoner of the Germans.)

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CLASS GIFTS

At the meeting of the Officers and Council on October 3, 1945 the issue of Class donations to the School was again raised. We owe this to J. Dellinger Barney, whom we are now privileged to have as a member of the Council. Dr. Barney's class of '04 is unique among those which have been graduated by the Harvard Medical School. At their 25th reunion the members of '04 presented the sum of \$10,000 to Dean Burwell to be employed by the School as it sees fit. The principal is to be protected and the income used in unrestricted fashion.

Though this is not a large sum, as gifts go in this day, it was only by continuous effort of some class officers that it was raised. For ten years preceding the 25th reunion, appeals were sent annually to class members. In this way the personal sacrifice of each donor was small, but the

sum total was quite appreciable. If a class of 100 or more students can raise an average of \$100 per man over a ten-year period, no hardship would accrue to any one.

There are only a few classes which are actively raising money in this fashion; some have started a twenty-year endowment fund. Of course, the noteworthy example is the annual custom of Harvard College classes to present the sum of \$100,000 or more to the University on the occasions of their 25th reunions.

It is a characteristic of the American way of life that we take an aggressive interest in furthering private enterprises which we believe are "accomplishing good for the whole community. "Aggressive" is used advisedly for we can have the best intentions in the world, but without taking active steps we can accomplish nothing. There is nothing more worthwhile than a sound medical education in preparation for life work for those who have passionate interest in the welfare of human beings. A sound medical education, however, does not come out of the thin air. It can come only from carefully safeguarding the interests of such institutions as ours. In such institutions there must always be fresh opportunities for young progressive scientists. Upon these young men depends the evolution of education commensurate with advancing knowledge. We are continually losing from our role of investigators and teachers young men of extraordinary promise who have not the physical means of supporting an academic career.

The Association is hesitant about interfering with class policies. Yet it stands ready to assist the classes in any way it can, and its office at the Medical School is at the service of the classes. What each class shall do for the School should be a matter of its own concern. We have no hesitancy, however, in bringing to your attention the example of the Class of '04.

Book Reviews

THE BACTERIAL CELL IN ITS RELATION TO PROBLEMS OF VIRULENCE, IMMUNITY AND CHEMOTHERAPY. René J. Dubos, with an addendum on "Nuclear Apparatus and Cell Structure of Rod-Shaped Bacteria" by C. F. Robinow. XIX + 460 pp., 34 figs., 8 pl., and 44 tables. The Harvard University Press, Cambridge, Mass. \$5.00.

For those of us who were privileged to hear Dr. Dubos' Lowell Lectures, this book comes as a well documented enlargement on the subjects discussed there. Indeed, "The Bacterial Cell" brings together much material which of necessity could not be presented at those lectures.

The author devotes the first three chapters to a review of both old and recent observations on the cytology of bacteria. The section on cell division, on cell morphology and colony morphology, and the correlation of these with mucoid-smooth-rough variations is particularly well presented, interesting, and instructive. This field of bacteriology has gained renewed interest with the advent of the electron microscope and the information supplied by this tool has been related to that obtained by other means. These include differential staining—particularly Gram-staining—of bacteria, and the author has devoted an entire chapter to this subject. The discussion of the Gram-stain and its relation to the "iso-electric zone" of a given species is extended to include intracellular contents and the composition of the cell membranes of the different bacteria. All these, it is emphasized both here and also later in the book, must be kept in mind in a consideration of the variability of bacteria, of the host-parasite relationship, and of the mechanism of chemotherapeutic agents.

Dr. Dubos continues with an analysis of the nature of virulence and the mechanisms of protective immunity. These topics acquire new meaning when viewed as functions of cellular organization and in the light of many known but scattered facts from various fields of bacteriology. Virulence, he concludes, is an immensely complex property, the summation of many complementary attributes. And since the most striking property of the bacterial cell is the readiness with which each one of its attributes can undergo variation, independently of the others, we need not wonder that of the countless strains of bacteria which exist in nature, so few are endowed with pathogenicity.

Bactericidal and bacteriostatic agents, as well as enzyme poisons, both have practical application and also are useful tools in experimental work. For the most part, however, they are

used rather empirically, and hence Dr. Dubos' attempt to arrive at a rationale in the use of chemotherapeutic agents is most timely. His review of the subject should serve as a working guide for future studies in this field.

The book suffers from frequent repetition and from the fact that it contains several poorly integrated sections. These consist of paragraphs with scattered and unrelated observations which add little to the author's argument. Such defects, however, may well be unavoidable in a review which attempts to refocus widely scattered observations on the entity, the bacterial cell.

M. JOHN PICKETT, Ph.D.

THE DOCTOR'S JOB, by Carl Binger, '14. 235 pages. W. W. Norton and Company, Inc., New York, 1945. Price \$3.00.

"The Doctor's Job" by Carl Binger is the first book to win the annual Norton Medical Award of \$3,500.00. W. W. Norton and Company, publishers, established this prize "to encourage the writing of books on medicine and the medical profession for laymen" in the belief that it is "more important than ever for the general reader to be informed about the work and accomplishments of medical science". Incidentally, by this act the publishers have given expression to the conviction that the lay public will express their interest in matters medical in the very practical way of buying these books in sufficient volume to remunerate adequately the publishers. Obviously, they believe that medicine no longer is an individual interest of the patient in his doctor but a matter of public concern.

With this background for the book, what is the background of the author? This is to be found in his experience as portrayed in his training and professional activities. Harvard-trained as to college, class of '10, and Medical School, class of '14, Dr. Binger was a medical house officer at the Massachusetts General Hospital; or were they still calling them "house pupils" at this time, when the "senior", after a progression through minor stages, became for a few months top authority of his "Service" within the hospital walls? "Assistant resident and resident physicians" had not then been invented at that hospital. The quality of Dr. Binger and of his work now was attested by making him a Sheldon Travelling Fellow of Harvard. This took him for two years to Prof. Abel's Laboratory of Pharmacology at Johns Hopkins. Then came service in World War I, 1917-1919, followed by work for about ten years at the Rockefeller Hospital and Institute in New York. There Dr. Binger busied himself in clinical and experimental animal investigations, published with various associates over twenty papers concerning such topics as lung volume, edema, diathermy, changes in CO₂ tension and

hydrogen. ion concentration, O₂ poisoning, O₂ therapy, all particularly as related to pneumonia and pulmonary embolism. In this period he participated also in a scientific expedition to the high Andes.

In 1929 a definite change came in the activities of Dr. Binger. He began that private practice of internal medicine and psychiatry in New York City which has continued to the present. Subsequent to, or should one say resultant from, this change, scientific publications ceased, as from 1929 only two papers are credited to him in the Cumulative Index, the *Psychobiology of Breathing*, 1937, in *Annals of Internal Medicine*, and *Emotional Disturbances of Appetite*, 1941, in *Hygeia*, a paper for lay readers. Between the papers ending in 1929 and that of 1937, two initials have disappeared from Dr. Binger's name, probably for some good reason which the reviewer, inadequately trained in psychosomatic medicine and psychiatry, will not attempt to analyze.

With private practice the author has combined some teaching of medical students, at one time at Columbia, at another at Cornell, with incident patient contacts. Also he has served in editorial relationships to the *Psychoanalytical Quarterly* and to *Psychosomatic Medicine*. Here is the background on which Dr. Binger has constructed "The Doctor's Job."

As would be anticipated, he has written a very readable and accurate book covering a wide range of interests as indicated by such chapter headings as Background and Changes, Specialties and Specialists, Choice of Physician, Medical Fees and Etiquette, Relationship of Doctor and Patient, Medicine and Psychoanalysis, Psychiatry and Medicine, Some Common Psychiatric Problems, Psychosomatic Medicine or Mind and Body Relationships, Stomach Ulcer, Allergy, Asthma and Tuberculosis, High Blood Pressure, Cure and Control of Disease, Recent Achievements and Tasks Ahead, Convalescence and Chronic Disease, Prevention of Illness, Office Practice, Hospitals and Outpatient Departments, Socialized Medicine or Paying the Piper, and Past, Present and Future. Into these he has built the ideas which he has acquired in his very varied and extensive training and experience and done it very skillfully and in a way that the physician, too, will find illuminating and instructional.

The only criticism that the reviewer would make of this book is that he does not think it is a balanced presentation for the layman of the "doctor's job," when more than half of the book is devoted to a discussion of psychoanalysis, psychiatry and psychosomatic medicine, including what the reviewer believes is undue emphasis on the role of the "psyche" in the direct causation of stomach ulcer, allergy, asthma, tuberculosis and high blood pressure, a view

not held by numerous competent students of these subjects. In these chapters the book becomes somewhat of a polemic for the author's pet ideas, ideas which the lay reader can only accept as is, unless his doubts are stirred up by the defensive attitude of the author, a defensive attitude which here and there becomes somewhat embittered, as when the author writes of psychoanalysis: "And in its struggle it has taken upon itself obloquy, misunderstanding and slander and much subversive activity," and "for a complicated series of reasons—some quite irrational, if I may be allowed the paradox—most of our universities have shut their doors in the face of psychoanalysis." Again, "and in our day it was Freud (1856-1941) who made himself despised among men by *looking where others dared not look*." . . . "It is true that his followers have been forced into a kind of isolated group and have been accused by the uninformed of practicing a kind of temple medicine, pursuing a strange and costly ritual of exorcism."

Statements like these do harm to the author's cause. The reviewer for over thirty years sat in a faculty of medicine into which various developing specialties sought and gained entrance in their own right. To him it seemed that the surest way to attain this was to make it very evident that those of the specialty definitely were contributing to the advance of medicine and had developed practical methods, which in the clinic facilitated diagnosis and improved treatment, and not by going on the defensive or call names and impugn motives. He saw such methods as the latter tried and actually observed that they delayed acceptance of that particular specialty. After all, medical schools have not been slow to accept the new. In them curricular changes are made with frequency.

The author recognizes clearly, it seems to the reviewer, why psychosomatic methods and psychoanalysis have been too slow of acceptance when he says: "It is true that our knowledge is still insufficient, that our language is often glib, that we theorize beyond proven data" and "psychotherapy is lengthy and correspondingly expensive . . . it is probable that for some years to come the principal tool will continue to be the personal interview—a time consuming process. As yet it has not proved feasible to include this form of treatment in any prepayment health insurance plan." When the author and his colleagues can meet such admitted difficulties, the reviewer believes that no longer will there be need for polemics, for defensive attitudes, for criticism of those slow to join their group, but rather a ready acceptance of a technique of diagnosis and treatment, when it has been made clear that it is valuable and practical.

HENRY A. CHRISTIAN,
Hersey Professor, *Emeritus*,
of the Theory and Practice of Physic.

